

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073



2009 GG 20 AM 0+10

Des Moines, Iowa 50319 Fax: 515-281-4073	FOR INSTRUCTION DISCLOSURE	NS, SEE BACK OF FORM SUMMARY PAGE	2008 (JLIZU A	n 8: 18
COMMITTEE NAME (Must be	e same as on Statement of Orga				
Committee To 1	Elect Dave David	a for Shaiff	1 1	FORM DR-2	
IMPORTANT: Indicate by # type (1)Statewide/Legislative/Judge 9	of committee you are reporting for:	2 State BAC (2)State Body	l (R	ev. 07/2007)	DISCLOSURE REPORT
1 (4)County Central Committee (5	5)County Candidate (6)City Candi	date (7) School Board or Other Politic Board or Other Political Subdivision PA	al C (Fo	r Office Use On	v
11) Local Ballot Issue					
CANDIDATE COMMITTEES Candidate Name	ONLY:	Doubled Dest (if each test)	Lo	gged in	
Dave Davis		Political Party (if applicable) Democra t			
Office Sought					
Davis Co. Shorif	3,	District (if Senate or House)	Au	dited	
Late reports are subject to possil	aix)	rsuant to fowa Code sections 68B.32 1041 - 939 - 31036 TELEPHONE	A(7) and 68/	A 401(3), the car	08
I AM FILING A OCTOBE	··· 10 2008		\		_
	eport date)	REPORT FOR (1) ELECTION		LECTION YEA	AR.
	•	indicate by	# 🛄		
CHECK IF AMENDMENT TO	U REPORT DATED		Local Comm	nittees, enter Dat	e of Election
Check if this is final (termina (You must continue to	ation) report and attach Notice of offile reports until a DR-3 is filed.	f Dissolution Form DR-3.)	County & Lo which Electi	ical Committees, on is held	enter County in
STATEM	ENT OF CASH ON HAND				
committee. This amo	ing of the reporting period. (Tot ount MUST be the same as the c eriod or must be zero if this is fin	al of all funds held by the ash on hand at the end st report filed.)	\$	_739.	93
ADD TOTAL MONEY	TAKEN IN THIS PERIOD				
Schedule A: Cash Co	ontributions total (Attach Schedu	ile A) (*also see in-kind below)		250.	00
Schedule F: Loans R	teceived total (Attach Schedule!	F)			
Schedule H: Total Sa	ales of Campaign Property (Attac	ch Schedule H)	********	<u> Ø</u>	
(Schedule H	applies to Candidates' Comm	nittees Only)			
		SUB-TOTAL	\$	989	.93
	MONEY SPENT THIS PERIOD			_	
		(**also see debts and loans below)		430	.85
Schedule F: Loan Re	payments total (Attach Schedul	e F)	•••••	9)
CASH ON HAND at the end of	this reporting period (if final repo	ort balance must be zero)	\$	<u> 359.</u>	08
*UNPAID BILLS (From Sched	ule D - Attach Schedule D)		\$)
'IN KIND CONTRIBUTIONS (F	From Schedule E - Attach Sched	ule E)	\$)
*OUTSTANDING LOANS (Fro	om Schedule F - Attach Schedul	e F)	\$	_2,00	n, 00
CONSULTANT BREAKDOWN					
	I (Schedule G Attached?)			YES X	NO
	•			_YES _X	NO
CANDIDATE COMMITTEES O	•	ch Schedule H)	\$	YESX	NO

For Instructions, See Back of Form

CONTRIBUTIONS MONEY TAKEN IN (including candidate's personal funds)	SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) Committee To Elect Drave Davis for Sheeiff		CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FO FUND RAISE INCOM
1-16-08	ID#	White Communications LLC 203 E. Franklin St. Bloomfide, 1A 50637	NIn	\$ 200°	
80-0F	ID# CK#	DAVID SWAIM 17819 170th St Drakesville, 1A 52552	NIA	# 50 <u>00</u>	
	ID# CK#	·			
	ID# CK#				
	ID#				
	ID#				
	ID#				
	CK#		SUB-TOTAL		
		TOTAL (if last pag s to disclose the relationship of any relative making a contributi	e of this schedule)	\$25000	

familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

-	=	_	_	_		

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
CHEC	CK THIS BOX IF
AME	NDING FORM

COMMITT	EE NAME (Must I	be same as on Statement of Organization		
10	kee W E		i	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable)	NAME AND ADDRESS TO WHOM EXPENDITURE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
7-19	ID#	WALMArt		
(C)203	CK# 1098	Ottomus, 1A	20-4 C 4 S	\$ 37 30
	ID#	WALMART	Paint for Signs	31
7-24	ck# 1099	Octumus, IA	Bunt for Sign	2915
9-20	CK# 1030	Kenneth Davis Bloomfield, 1A	Trick Rental for Parad	
9-20	ID# CK# JD31	Pamier Bloomfeld, IA		41 41
928	ID# CK# 10323	GAS - More Blamfelo, IA	Reimburuement. Gas for Signs	65 <u>ol</u>
10-5	ID# CK# \033	Pamipa Bloomfieldi1A	flags for Signs	383
10-15	ID# CK# 1034	Bloomfield Democrat Bloomfield, 1A	4 weeks - CAMPAIGN Ads	226 40
In-15	ID# CK# (135	Tri-County Shopper Bloomfield, 1A	4-weeks-Comedian Ads	14850
,			USUB-TOTAL	\$
	•		TOTAL (if last page of this schedule)	\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lows Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

	SCHEDULE	
CCOUNT	B (Rev. 07/03)	MONETARY EXPENDITURES
EGISLATIVE LUMN AND THE FROM THE IOWA		X THIS BOX IF

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWALETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization) Committee 70 Elec1 Dave Dovo CANDIDATE NAME AND ADDRESS TO WHOM PURPOSE DATE ID NUMBER **AMOUNT EXPENDITURE** (DESCRIBE TRANSACTION) EXPENDED (MM/DD/YR) (if applicable) **EXPENDED** (Disbursement) WAS MADE AND PAC CHECK NUMBER ID# GAS + More \$ 5425 CK# 1036 Bloomfield, IA Gas for Campaign Signs 10-17 ID# CK# SUB-TOTAL TOTAL (if last page of this schedule)

		WITTEES ONLY

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, politing, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTI	ONS, SEE BACK OF FORM	200 mg mm 8,5 mg man 4,5 mg	
COMMITTEE NA	ME(Must be same as on Statement of Organization)	FEW LEGIS	SCHEDULE LOANS
\sim	ee to Elect Dave Davis for S	heiff	(Rev. 02/08) RECEIV & REPAI
NOTE: This schee	dule reports money loaned to the committee which is deposited in the OANS FROM LAST REPORTING PERIOD \$ 2000 .		CHECK THIS BOX
(Original	ARY LOANS RECEIVED <u>THIS</u> REPORTING PERIOD I source of loan, such as a bank, must be shown if a third party is invol	lved. Include loans from candid	ate's personal funds.)
DATE RECEIVED	NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT OF LOAN
(MM/DD/YR)	(Include Endorser's Name, If Applicable)	CANDIDATE (If Applicable*	
			\$
	NO NEW LOAD has been	Laken	
	The state of the s	EARCH GUI	
			,
		TOTAL (PART I)	\$
ART II - MONET	TARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD by by the properties on Schedule E In-kind Contributions.)		
	·		
DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$
	Alla Daymant have been made		
	NO pryment have been made	on Loan,	
			·
	TOTAL CASH REP	AYMENTS (PART II)	s_ Ø
	From Schedule E TOTAL L		s
	TOTAL OUTSTANDING LOANS END O		5 2,000 ou
naxing a contribul	quires candidate committees to disclose the relationship of any relativion to the committee. Relationship must be shown to the third degree	of I	1
ne same as candi	od relatives) and affinity (relatives by marriage). If surname of contrib date, but there is no familial relationship, enter "not applicable" in the n when it applies.	utor is Page	of(for Schedule F)